



THE NEW YORK HOTEL TRADES COUNCIL
HEALTH CENTER, INC.
THE HOTEL ASSOCIATION OF NEW YORK CITY, INC

Harlem Health Center
133 Morningside Avenue
New York, NY 10027 1-212-923-2525

PATIENT DEMOGRAPHICS

DATE: 08/09/16

Days

MEDICAL RECORD NUMBER: 961057

CORTES

LAST NAME

GONZALO A

FIRST/MIDDLE NAME

DOB

SEX: [X] MALE [] FEMALE

HC CONTACT: _____ PHONE#: _____ EXT: _____ FAX#: _____

PRE-ADMISSION / ADMISSION

Patient Information

Subscriber Information

Address: _____

ASTORIA, NY 11106-1203

Home Phone: _____

Work phone: _____

Relationship to Subscriber: Member

Eligibility Approval Date: _____

By: _____

Name: CORTES, GONZALO A 961057

BCBS ID #: _____

Birthdate: _____ Sex: [X] MALE [] FEMALE

Address: _____ DOB

ASTORIA, NY 11106-1203

Home Phone: _____ FAX#: _____

ADMISSION INFORMATION

Diagnosis Code: M75.111

Description: Incomplete rotator cuff tear or rupture of right shoulder, not specified as trauma

Procedure: CPT 4 Code: 29826

Description: SHOULDER ARTHROSCOPY/SURGERY

Admitting Physician: Seneviratne, Aruna

TIN: _____

Office Phone Number _____

Hospital: MSC

Hospital Phone Number _____

Address: _____

Admission: [X] Date: 08/17/16

[] Ambulatory [] Inpatient _____ Days

Surgery: [X] Date: 08/17/16

Anesthesia: [] Local [] General

ALLERGIES: No known allergies

Additional Information:

FAXED/ RESCHEDULED

Electronically Signed By Physician: Seneviratne, Aruna

PRINT NAME

SIGNATURE

MD

Medical Director: _____ MD

PRINT NAME

SIGNATURE

MD

Ref. #